

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation)
Against:)**

JAMSHID AZARI, M.D.)

Case No. 800-2016-020942

**Physician's and Surgeon's)
Certificate No. A 45998)**

Respondent)

DECISION AND ORDER

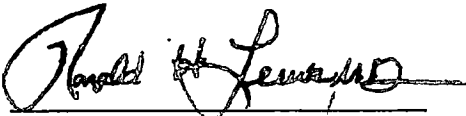
The attached Proposed Decision is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on February 21, 2018.

IT IS SO ORDERED January 22, 2018.

MEDICAL BOARD OF CALIFORNIA

By:



**Ronald H. Lewis, M.D., Chair
Panel A**

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

JAMSHID AZARI, M.D.

Physician's and Surgeon's Certificate
No. A 45998,

Respondent.

Case No. 800-2016-020942

OAH No. 2017070228

PROPOSED DECISION

Matthew Goldsby, Administrative Law Judge with the Office of Administrative Hearings, heard this matter on December 14, 2017, at Los Angeles, California.

Trina L. Saunders, Deputy Attorney General, appeared and represented complainant Kimberly Kirchmeyer, Executive Director of the Medical Board of California (Board), Department of Consumer Affairs.

Scott J. Harris, Attorney at Law, appeared and represented respondent Jamshid Azari, M.D.

The parties submitted the matter for decision at the conclusion of the hearing on December 14, 2017.

FACTUAL FINDINGS

Jurisdiction and License History

1. Complainant brought the Accusation in her official capacity. Respondent timely submitted a Notice of Defense.
2. On April 17, 1989, the Board issued to respondent Physician's and Surgeon's Certificate number A 45998. Respondent's license is valid and is scheduled to expire on April 30, 2019.
3. Respondent has no history of license discipline.

Respondent's Background, Education, Training, and Experience

4. Respondent attended medical school at the University of Juarez, Institute of Biomedical Sciences, School of Medicine, earning a Doctor of Medicine degree in 1982. Previously, respondent pursued graduate studies in Applied Physics and Mathematics at the University of California, Santa Barbara, and earned a Ph.D. degree in Pharmacology from the University of Arizona. Respondent is board-certified in internal medicine, and eligible for certification in occupational medicine.

5. Throughout his medical career, respondent has worked in the emergency department or urgent care unit at various hospitals and clinics. He has had hospital privileges at Long Beach Naval Hospital, Camp Pendleton Emergency Room, and Centinela Hospital; none of those privileges were revoked. He is currently the sole shareholder of the Superior Care Medical Center (Superior Care) in Gardena, California.

Alcohol-Related Conviction

6. On January 29, 2016, respondent entered a plea of nolo contendere and was convicted of driving with a blood alcohol content of 0.08 percent or more in violation of Vehicle Code section 23152, subdivision (b), a misdemeanor. (*People v. Azari* (Super. Ct. Los Angeles County, 2016, No. 58Y08049).)

7. The court suspended the imposition of sentence and placed respondent on probation for three years. Terms of probation included orders to serve one day in jail (with credit for one day), to pay fines and restitution totaling \$1,937, to enroll in and complete a first-offender alcohol counseling program, and to obey the law. Respondent remains on probation, which is currently scheduled to expire in January 2019.

Facts and Circumstances of the Conviction

8. The conviction arose from an incident on September 24, 2015. Respondent went to a local restaurant to complete negotiations regarding his acquisition of Superior Care. Respondent testified that, during the business meeting, he consumed two glasses of wine and ate no food, and that the transaction was cause for celebration because it would be the first time in his career that he would have complete ownership and control of a medical clinic. When the meeting concluded, respondent drove away from the restaurant. On the way to his residence less than one mile away from the restaurant, respondent lost control of his vehicle, drove over a sidewalk, and collided with a decorative pole and retaining wall. The accident occurred less than one block from respondent's home.

9. Police officers arrived at the scene and conducted a "DUI investigation." (Ex. 7.) Arthur Khachatourians, a neighbor and licensed attorney, witnessed the police arrest respondent. He observed that respondent's vehicle was not drivable as a result of accident.

10. Respondent furnished law enforcement with a blood sample for testing, producing results of a blood-alcohol content of 0.11 percent. Mr. Khachatourians testified

that he picked up respondent at the police department at approximately midnight and that, on the drive home, respondent was embarrassed and remorseful. He further testified that he had previously been to respondent's house for numerous dinners and other social events, and observed respondent to drink wine with dinner, but never saw him drink to excess.

11. Respondent has no prior criminal record.

Evidence of Rehabilitation and Mitigation

12. To date, respondent has complied with the terms and conditions of probation. He completed the court-ordered first offender program, including attendance at 16 Alcoholics Anonymous meetings, and paid all fines and fees.

13. At the hearing, respondent expressed remorse, embarrassment, and shame for his misconduct. He testified that he will never again drive after drinking alcohol, and that he has reflected upon what could have happened on the night of the incident, acknowledging that he could have injured someone. He has curtailed his consumption of alcohol, drinking moderately at home and never outside the home.

14. Soheila Torabi, a Board licensee who has known respondent for 10 years, testified that she has never seen respondent intoxicated. She worked under his supervision for three years, and has observed him in social settings where alcohol was available, and was "surprised" when respondent told her of the conviction because she "never expected it of him." His disclosure of the alcohol related conviction does not alter her opinion that respondent is "one of the best physicians" and that his fitness to practice is unquestionable.

15. After his arrest, respondent sought an evaluation from Gary S. Fisher, Psy.D., CADC, a licensed Clinical Psychologist for the past 16 years with a focus on addiction treatment. His license is in good standing and he has no record of discipline. His educational history includes a Bachelor of Arts degree and a Master of Arts degree, both in Psychology, from Hawaii Pacific University. In addition, he received a Doctor of Psychology (Psy.D.) degree from Ryoken College. Since 1986, Dr. Fisher has been a Certified Alcohol and Drug Counselor.

16. On July 7, 2017, Dr. Fisher issued a written evaluation of respondent. Pursuant to the evaluation, Dr. Fisher met with respondent on two separate occasions over a two-week period for approximately 4.6 clinical hours, during which time they discussed his family, education work, health, and legal histories. In addition, Dr. Fisher administered the Michigan Alcoholism Screening Test, "one of the oldest and most accurate alcohol tests available, effective in identifying dependent drinkers up to 98 percent accuracy." (Ex. A, p. 3.) Dr. Fisher concluded: "There is no evidence present in the testing or personal history to suggest any past or present problem concerning any form of chemical dependency or substance abuse nor does [respondent] meet any criteria for a substance disorder diagnosis." (Ex. A, p. 4.)

17. Dr. Fisher testified that alcohol addiction or alcoholism is clinically referred to as “alcohol use disorder.” To be diagnosed with alcohol use disorder, an individual must display two or more of 11 criteria within a 12-month period. Respondent’s arrest and conviction for the single incident of driving under the influence of alcohol met none of the criteria. Dr. Fisher observed none of the following objective signs of the disorder: craving alcohol; spending time obtaining alcohol or recovering from its use; failing to fulfill major role obligations of work; giving up or curtailing social, occupational, or recreational activities because of alcohol use; and continued alcohol use despite knowledge that it will exacerbate ongoing psychological or physical problems. Respondent’s denial of these symptoms was not contradicted by independent collateral sources of information.

18. Porsche Lee testified about respondent’s character. She is a physician’s assistant and has known respondent for four years. She worked under his supervision at the emergency room at Centinela Hospital, and currently works at Superior Care. Respondent disclosed to her that the Board had filed an accusation against him and that he was convicted of driving under the influence of alcohol. Ms. Lee was “very surprised” because she knew respondent has a good reputation in the medical community and never questioned his judgment. She never knew him to be under the influence of alcohol, and never questioned his fitness to practice.

19. Steven H. Weinraub, respondent’s tax consultant, testified about respondent’s character. Over the course of their professional relationship, Mr. Weinraub and respondent became friends. Mr. Weinraub is aware of the accusation against respondent and the alcohol-related conviction. Mr. Weinraub has been in respondent’s presence at many restaurants and dinners in private homes. In private homes, Mr. Weinraub never observed any alcohol being consumed. In restaurants, he has seen respondent have a glass of wine with dinner. He considers respondent to be “extremely honorable” and has sought his medical care in the past.

20. Respondent offered character reference letters that support and explain his direct evidence of his fitness to practice in spite of the conviction. Respondent disclosed the facts and circumstances underlying the conviction to each person who wrote a letter.

(A) Wayne Dodakian, a Board licensee, wrote: “[respondent] is probably one of the best doctors I have had the privilege of working with, and to sanction him at all, would be a total miscarriage of justice, for him and his patients” and that “in the nearly 3 years I’ve worked with [respondent] at Centinela Hospital ER, he has always performed his duties to the highest standards of medical practice, and consistently gone the extra mile in order to meet patient needs in a compassionate and professional manner.” (Ex. B.)

(B) Jacqueline T. Hanna, another Board licensee, wrote: “In all the [12] years of our association in the hospital setting and in social settings, I have never seen any suggestion that [respondent] was using controlled substances or alcohol inappropriately. It is my opinion that this event was an aberrant, most unfortunate incident and is not indicative of his usual way of life.” (Ex. B.)

(C) Ibrahim Helmy, another Board licensee, wrote: “I have found [respondent] to be consistently reliable caring physician with sound knowledge of medicine and high moral character. . . . During all the years, I have known him, I saw no indication to suspect him of using drugs or alcohol. I strongly believe the incident in which he was involved must have been an aberrant occurrence.” (Ex. B.)

(D) Lee Swenson Valentine, another Board licensee, wrote: “For five years, I worked side-by-side with [respondent] at Centinela Hospital Medical Center in Inglewood. . . . From my direct observation, [respondent] is a highly capable physician, and one who treats patients with dignity and respect. ¶ . . . ¶ In addition he goes out of his way to teach our ancillary staff, and to set an example of kindness and compassion for our patients. ¶ . . . ¶ So far as I know, he has had no significant complaints regarding his patient care in 28 years of medical practice.” (Ex. B.)

(E) Lee R. Weiss, another Board licensee, wrote: “I want to add my voice to what must be a chorus of professionals and patients that can eagerly attest to [respondent’s] professionalism and humane approach to the care of his patients – without regard to whether or if he would ever be reimbursed. . . . Losing [respondent] clinically would have a profound impact on our group and the community we serve.” (Ex. B.)

21. Respondent is also licensed as a physician in the state of Arizona with no record of discipline. With respect to his California license, respondent has fully complied with the Board’s requirements for continuing medical education. In addition, he participated in and completed the course entitled “# 96561 Alcohol and Alcohol Use Disorders.” (Ex. F.)

LEGAL CONCLUSIONS

Standard of Proof

1. The standard of proof in an administrative action seeking to suspend or revoke a physician’s certificate is clear and convincing evidence. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.)

2. Clear and convincing evidence requires a finding of high probability or evidence so clear as to leave no substantial doubt; sufficiently strong evidence to command the unhesitating assent of every reasonable mind. (*Katie V. v. Superior Court* (2005) 130 Cal.App.4th 586, 594.)

The Law Governing Physician Discipline

3. A licensee who has been found guilty under the Medical Practice Act may have his license revoked, his right to practice suspended for a period not to exceed one year, be placed on probation and required to pay the cost of probation monitoring, be publicly reprimanded by the Board, or have any other action taken in relation to discipline as the Board or administrative law judge deems proper. (Bus. & Prof. Code, § 2227, subd. (a).)

4. The Board must take action against any licensee who is charged with unprofessional conduct. (Bus. & Prof. Code, § 2234.)

5. Unprofessional conduct includes conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575)

6. Unprofessional conduct includes the conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon. (Bus. & Prof. Code, § 2236, subd. (a).)

7. California Code of Regulations, title 16, section 1360 provides, in part:

A crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license, certificate or permit under the Medical Practice Act if to a substantial degree it evidences present or potential unfitness of a person holding a license, certificate or permit to perform the functions authorized by the license, certificate or permit in a manner consistent with the public health, safety or welfare.

8. Unprofessional conduct includes the use of alcoholic beverages to an extent, or in such a manner, as to be dangerous or injurious to the licensee, or to any other person or to the public. (Bus. & Prof. Code, § 2239, subd. (a).)

Cause for Discipline – Use of Alcohol in a Dangerous Manner

9. During a business meeting, respondent drank enough wine to cause his blood-alcohol content to measure 0.11 percent, exceeding the legal limit to drive a motor vehicle. Respondent then chose to drive a motor vehicle under those circumstances. By his own testimony, respondent could have injured another person by driving his car while so intoxicated.

10. Cause exists to discipline respondent's certificate in that he violated Business and Professions Code sections 2227 and 2239, subdivision (a), because he drank alcohol to an extent, or in a manner, as to be dangerous or injurious to himself and the public. (Factual Findings 6-10.)

Level of Discipline

11. In reaching a decision on the appropriate level of discipline, the Board must consider the guidelines entitled *Manual of Model Disciplinary Orders and Disciplinary Guidelines*, 12th Edition, 2016. (Cal. Code Regs., tit. 16, § 1361, subd. (a).) For the conviction of a misdemeanor crime, and the use of alcohol to the extent or in a manner dangerous to the physician or others, the guidelines recommend a maximum penalty of revocation and a minimum penalty of stayed revocation with five years of probation.

12. Although the evidence did not establish a pattern of repeated alcohol abuse to support a diagnosis of alcohol use disorder, a single conviction for driving under the influence may support a disciplinary proceeding against a licensee. (*Sulla v. Board of Registered Nursing* (2012) 205 Cal.App.4th 1195.) The purpose of license discipline includes not only the protection of the public, but also the prevention of future harm. To defer license discipline until the licensee establishes recidivism poses a risk of harm to the public, in disregard of these purposes. The law recognizes that it is far more desirable to impose discipline before a licensee causes harm than after harm has occurred. (*Griffiths v. Superior Court* (2002) 96 Cal.App.4th 757; *In re Kelley* (1990) 52 Cal.3d 487.)

Mitigating Factors and Rehabilitation

13. Deviating from the guidelines is appropriate where the facts of the particular case warrant such a deviation, such as the presence of mitigating factors. (Cal. Code Regs., tit. 16, § 1361, subd. (a).)

14. Rehabilitation requires a consideration of those offenses from which one has allegedly been rehabilitated. (*Pacheco v. State Bar* (1987) 43 Cal.3d 1041.) Rehabilitation is a state of mind, and the law looks with favor upon rewarding with the opportunity to serve one who has achieved reformation and regeneration. (*Id.*, at p.1058.) The absence of a prior disciplinary record is a mitigating factor. (*Chefsky v. State Bar* (1984) 36 Cal.3d 116, 132, fn. 10.) Remorse and cooperation are mitigating factors. (*In re Demergian* (1989) 48 Cal.3d 284, 296.) While a candid admission of misconduct and full acknowledgment of wrongdoing may be a necessary step in the rehabilitation process, it is only a first step. A truer indication of rehabilitation is presented if an individual demonstrates by sustained conduct over an extended period of time that he is once again fit to practice. (*In re Trebilcock* (1981) 30 Cal.3d 312.)

15. Respondent provided significant evidence of mitigation and rehabilitation. Although he remains on court probation, the conviction was his first and only criminal offense and serves as the only evidence of impaired judgment caused by alcohol. To date, respondent has fully cooperated with the terms and conditions of court-ordered probation. More than two years have passed since he engaged in the misconduct that resulted in his conviction, during which time he took responsibility for his actions, sought evaluation and treatment, and established by competent medical evidence that he does not have an alcohol use disorder. His expressions of remorse and embarrassment to the court and to his friends and colleagues exhibit a change in attitude and a state of mind of reformation and regeneration. Respondent has no prior disciplinary record and no criminal record.

16. Issuing a public reprimand is inconsistent with specific recommendations set forth in the Board's disciplinary guidelines. However, a public reprimand is the most appropriate sanction here in light of respondent's history of alcohol use, the nature and extent of his misconduct giving rise to this disciplinary action, and the effective remedial steps he has taken to prevent a recurrence. A public reprimand ensures that respondent's misconduct will be a matter of public record and it will serve as a continuing reminder of his

responsibility to remain abstinent, except in lawful and appropriate circumstances. Public protection does not require respondent be placed on probation or that any conditions be placed on the public reprimand. (Factual Findings 11-21.)

17. The language of California Code of Regulations, title 16, sections 1361 and 1361.5 requires that, if a licensee is disciplined for unprofessional conduct involving the abuse of alcohol, “the licensee shall be presumed to be a substance-abusing licensee,” and the “probationary terms and conditions [from the Uniform Standards for Substance-Abusing Licensees] shall be used without deviation in the case of a substance-abusing licensee.” In this case, respondent has effectively rebutted the presumption that he is a substance-abusing licensee. Additionally, the language of the regulations presumes that the discipline imposed on the licensee will be probation, rather than a public letter of reprimand. This language calls into question the effect of the regulations on statutory discretion afforded when imposing discipline.

18. Business and Professions Code section 2227 identifies probation and public reprimand as separate and distinct forms of license discipline. In this case, no probation is imposed, and there is no cited statute or case law which specifically requires the probationary terms in the Uniform Standards for Substance-Abusing Licensees to be imposed along with a public reprimand. If the probationary terms set forth in the Uniform Standards for Substance-Abusing Licensees must be imposed with any discipline, this would convert all discipline to probation, including instances where probation is not warranted. This would negate the discretion afforded in Business and Professions Code section 2227 and acknowledged in California Code of Regulations, title 16, section 1361, subdivision (a). Such an unreasonable interpretation of the disciplinary statutes and regulations would result in unduly punitive discipline in some cases. Given the foregoing, California Code of Regulations, title 16, sections 1361 and 1361.5 do not mandate the imposition of the probationary terms and conditions in the Uniform Standards for Substance-Abusing Licensees when a public reprimand is issued, as in this case.

ORDER

Physician’s and Surgeon’s Certificate number A 45998 issued to respondent Jamshid Azari, M.D., is hereby publicly reprimanded pursuant to Business and Professions Code section 2227, subdivision (a)(4).

DATED: January 3, 2018

DocuSigned by:
Matthew Goldsby
MATTHEW GOLDSBY
Administrative Law Judge
Office of Administrative Hearings

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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 800-2016-020942

Jamshid Azari, M.D.
1117 West Manchester Blvd.
Los Angeles, CA 90301

ACCUSATION

Physician's and Surgeon's Certificate
No. A 45998,

Respondent.

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).
2. On April 17, 1989, the Medical Board issued Physician's and Surgeon's Certificate Number A 45998 to Jamshid Azari, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2017, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code states:

“(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

“(1) Have his or her license revoked upon order of the board.

“(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

“(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

“(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

“(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

“(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.”

5. Section 2234 of the Code, states:

“The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

1 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
2 violation of, or conspiring to violate any provision of this chapter.

3 “(b) Gross negligence.

4 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
5 omissions. An initial negligent act or omission followed by a separate and distinct departure from
6 the applicable standard of care shall constitute repeated negligent acts.

7 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate
8 for that negligent diagnosis of the patient shall constitute a single negligent act.

9 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
10 constitutes the negligent act described in paragraph (1), including, but not limited to, a
11 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
12 applicable standard of care, each departure constitutes a separate and distinct breach of the
13 standard of care.

14 “(d) Incompetence.

15 “(e) The commission of any act involving dishonesty or corruption which is substantially
16 related to the qualifications, functions, or duties of a physician and surgeon.

17 “(f) Any action or conduct which would have warranted the denial of a certificate.

18 “(g) The practice of medicine from this state into another state or country without meeting
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
20 apply to this subdivision. This subdivision shall become operative upon the implementation of the
21 proposed registration program described in Section 2052.5.

22 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
23 participate in an interview by the board. This subdivision shall only apply to a certificate holder
24 who is the subject of an investigation by the board.”

25 6. Section 2239 of the Code states:

26 “(a) The use or prescribing for or administering to himself or herself, of any controlled
27 substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic
28 beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to

1 any other person or to the public, or to the extent that such use impairs the ability of the licensee
2 to practice medicine safely or more than one misdemeanor or any felony involving the use,
3 consumption, or self-administration of any of the substances referred to in this section, or any
4 combination thereof, constitutes unprofessional conduct. The record of the conviction is
5 conclusive evidence of such unprofessional conduct.

6 “(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is
7 deemed to be a conviction within the meaning of this section. The Medical Board may order
8 discipline of the licensee in accordance with Section 2227 or the Medical Board may order the
9 denial of the license when the time for appeal has elapsed or the judgment of conviction has been
10 affirmed on appeal or when an order granting probation is made suspending imposition of
11 sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal
12 Code allowing such person to withdraw his or her plea of guilty and to enter a plea of not guilty,
13 or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or
14 indictment.”

15 16 **FIRST CAUSE FOR DISCIPLINE**

17 **(Use of Alcohol in a Dangerous Manner)**

18 7. Respondent Jamshid Azari, M.D. is subject to disciplinary action under section 2239
19 in that he used alcohol in a manner that was dangerous to himself and others. The circumstances
20 are as follows:

21 8. On October 22, 2015, in a criminal proceeding entitled, *People of the State of*
22 *California v. Jamshid Azari*, Los Angeles Superior Court Case Number 5SY08049, Respondent
23 was charged with one count of driving under the influence of an alcoholic beverage, in violation
24 of Vehicle Code section 23152(a), a misdemeanor, one count of driving with a blood alcohol
25 content of .08%, in violation of Vehicle Code section 23152(b), a misdemeanor, and one count of
26 hit and run driving resulting in property damage, in violation of Vehicle Code section 20002(a), a
27 misdemeanor.
28

9. On January 29, 2016, counts one and three were dismissed. He pled nolo contendere to driving with a blood alcohol content of .08%, a misdemeanor, and was convicted of same. He was sentenced to a three-year term of probation, ordered to pay fines, required to participate and successfully complete a three-month licensed first-offender alcohol and drug education and counseling program. He was also prohibited from driving with any measurable amount of alcohol or drugs in his blood.

10. The circumstances underlying Respondent's arrest and subsequent conviction are as follows:

On or about September 24, 2015, Respondent consumed alcoholic beverages. While under the influence of alcohol he operated a motor vehicle. He drove his vehicle over the sidewalk and hit a concrete retaining wall fence. Following the collision, Respondent left the scene of the accident. Police officers were called and responded to the scene. They were directed to Respondent's location and arrested him. Respondent was transported to the police station. He submitted to both breath and blood testing. Respondent's blood alcohol content was determined to exceed the legal limit of .08%.

11. Respondent's use of alcohol in a manner that was dangerous to himself and/or others constitutes unprofessional conduct and therefore his license is subject to discipline.

PRAAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 45998, issued to Jamshid Azari, M.D.;
2. Revoking, suspending or denying approval of his authority to supervise physician assistants, pursuant to section 3527 of the Code;
3. If placed on probation, ordering him to pay the Board the costs of probation monitoring; and

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4. Taking such other and further action as deemed necessary and proper.

DATED: February 9, 2017


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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